

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-029303

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7295

FILED JUL 31 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **S T. LOUIS, MO**

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **ST. LOUIS CITY HOSP. #1.**

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

1416 RUTGER LANE

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

EDWARD

WESSELS

4. DATE
OF
DEATH

Month

Day

Year

JULY 24, 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

MARCH 16, 1914

9. AGE (last birthday)

48

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

BARTENDER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

HENRY WESSELS

13b. MOTHER'S MAIDEN NAME

MARY KLOSTERMAN JUANITA WESSELS

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

17. INFORMANT

Address

1416 JUANITA WESSELS RUTGER

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

PULMONARY INSUFFICIENCY

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

PULM. EDEMA & EMPHYSEMA

DUE TO (c)

525X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **7/23/62 12:40 a** to **7/24/62** and last saw her him alive on **7/24/62**

Death occurred at **7:20 a** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J. E. Dwyer M.D.

22b. ADDRESS

1515 LAFAYETTE AVE

22c. DATE SIGNED

7/24/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

BURIAL

JULY 27 1962

23c. NAME OF CEMETERY OR CREMATORY

S.S. PETER & PAUL

23d. LOCATION (City, town, or county)

ST. LOUIS

MO.

24. FUNERAL DIRECTOR

ADDRESS

Thomas Kutia 2906 Gravois

25. DATE RECD. BY LOCAL REG.

JUL 25 1962

26. REGISTRAR'S SIGNATURE

Paul Smith M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

T.E. Be. Hingham, M.O.
USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Rocky H. Hays Jr.*

Licensed Embalmer No. 4861

P. O. Address Blair 5, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.